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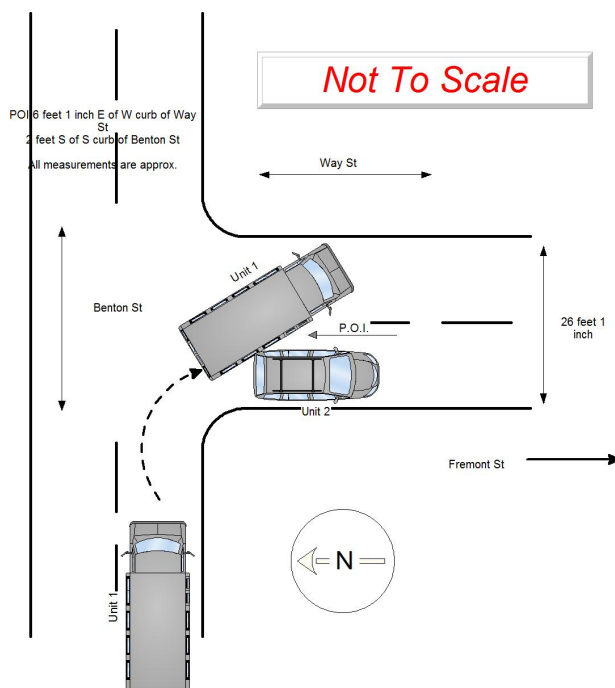
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 010	Agency Case No. B5-092628	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 2
A/1 02	DATE OF ACCIDENT	M M / D D / Y Y Y Y 10/05/2015		S M T W TH F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY 10/05/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 0825	POLICE NOTIFIED 0831	
B 65	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. BENTON ST AND WAY ST			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY BENTON AND WAY ST					
V1/M 14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 20	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN					
E 1	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13152589			STATE (Of License) NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER LESLIE J BRONAUGH	PHONE 4024361073			LOCAL NO.	
V2/N 1	DRIVER ADDRESS 2415 S 9TH ST, LINCOLN, NE 68502	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY) 02/28/1962	V1/1 18
G 2	OWNER LINCOLN PUBLIC SCHOOLS	PHONE 4024764270			LOCAL NO.	
H 5	OWNER ADDRESS 5901 O STREET, LINCOLN, NE 68510	CITY, STATE, ZIP			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/O 1	LICENSE PLATE GS	NO. 52220	YEAR 2010	MAKE Ford	MODEL 140	BODY STYLE Bus (seats 9-15)
V2/O 2	VEHICLE 1T7YT4E26A1127880	VEHICLE ID NO. (VIN)	INSURANCE COMPANY ARGONAUT INSURANCE COMPANY			ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 300
I 1	VEHICLE NO. 2					
V1/P 1	DRIVER LICENSE NO.	STATE (Of License) NE			SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	
V2/P 8	DRIVER ILLEGALLY PARKED UNATTENDED	PHONE 4026011750			LOCAL NO.	
J 01	DRIVER ADDRESS 3636 N 52ND ST #12, LINCOLN, NE 68504	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.
V1/Q 4	LICENSE PLATE PA	NO. SEB151	YEAR 2000	MAKE Ford	MODEL WLX	BODY STYLE Mini van
V2/Q 3	VEHICLE 2FMZA514XYBB07386	VEHICLE ID NO. (VIN)	INSURANCE COMPANY TRUMBULL INS CO			ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
K 03	TOWED TO	TOWED BY			POLICY NO. 55PHT623253351081	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.		

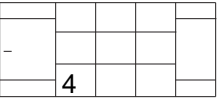
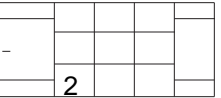
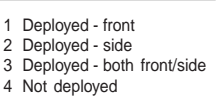
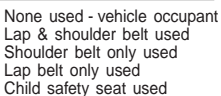
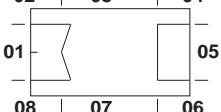


INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



D1 stated that she was eastbound on Benton St attempting to turn right onto Way St and when she made the turn the school bus's rear wheel caught the drivers rear side of vehicle #2. Vehicle #2 was parked illegally within two feet of the intersection. The school bus was empty and vehicle #2 was issued a parking ticket.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME			ADDRESS	PHONE
	NAME			ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>		AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS	VEH 1	1	VEH 2	0		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME									Driver No. 1	Driver No. 2	Pedestrian		
1		X			WAY ST							ALCOHOL TESTING	Y		Y		Y	
2		X			WAY ST							ALCOHOL LEVEL TESTED	N	X	N	X	N	
1	05					MOST DAMAGED AREA	03					BAC LEVEL						
2	10					MOST DAMAGED AREA	03											
01 Essentially straight ahead						06 Turning left				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL / DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		Driver No. 1	Driver No. 2			
02 Backing						07 Making U-turn								1	5			
03 Changing lanes						08 Entering traffic lane												
04 Overtaking/ Passing						09 Leaving traffic lane												
05 Turning right						10 Parked												
06 Slowing or stopped in traffic						11 Total (all areas)												
07 Other						12 Other												
08 Unknown																		
OFFICER NO. 1361						TROOP/ TEAM/ BEAT CE			DEPARTMENT Lincoln Police Department						Photographs taken?		 YES  NO	
INVESTIGATOR NAME (<i>Print or Type</i>) Troy Aksamit						INVESTIGATOR SIGNATURE Approved by Officer Troy Aksamit						DATE OF REPORT 10/05/2015						

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State of Nebraska

Investigator's Supplemental Truck and Bus Accident Report

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet 3 of 3

LOCAL NO./DISTRICT 010		DATE OF ACCIDENT 10/05/2015		COUNTY Lancaster		CITY Lincoln		STATE USE ONLY		
AGENCY CASE NO. B5-092628		OCCURRED ON HIGHWAY/ROAD/STREET BENTON ST AND WAY ST								
TRUCK / BUS - 1										
DRIVER (Print or type full name) LESLIE J BRONAUGH					CARRIER IDENTIFICATION 1 U.S. DOT 1 ICC MC					
CARRIER NAME (Print or type full name)					GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input checked="" type="checkbox"/> More than 26,000 Lbs.					
CARRIER ADDRESS (Street or R.F.D.) CITY, STATE, ZIP					VEHICLE CONFIGURATION (Check one)					
TRAILER LICENSE PLATE No.		Year		State		CARGO BODY TYPE (Check one)				
COMMERCE CLASSIFICATION (Check one)		TRUCK WIDTH (Widest part of truck or trailer)		DRIVER'S LICENSE CLASS CODE						
1 <input checked="" type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable		1 <input checked="" type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		A <input checked="" type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>		2 <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) 3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) 4 <input type="checkbox"/> Truck Tractor (bobtail) 5 <input type="checkbox"/> Truck with Trailer 6 <input type="checkbox"/> Tractor with Semi-Trailer 7 <input type="checkbox"/> Tractor with Doubles 8 <input type="checkbox"/> Tractor with Triples 9 <input type="checkbox"/> Unknown Heavy Truck 37 <input type="checkbox"/> Bus (seats 9-15, including driver) 38 <input checked="" type="checkbox"/> Bus (seats 15+, including driver) 39 <input type="checkbox"/> Haz Mat Passenger Car 40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)				
HAZARDOUS MATERIAL INVOLVED					1 <input type="checkbox"/> Bus (seats 9-15, including driver) 2 <input checked="" type="checkbox"/> Bus (seats 15+, including driver) 3 <input type="checkbox"/> Van/Enclosed Box 4 <input type="checkbox"/> Grain/Chips/Gravel 5 <input type="checkbox"/> Pole 6 <input type="checkbox"/> Cargo Tank 7 <input type="checkbox"/> Flatbed 8 <input type="checkbox"/> Dump 9 <input type="checkbox"/> Concrete Mixer 10 <input type="checkbox"/> Auto Transporter 11 <input type="checkbox"/> Garbage/ Refuse 12 <input type="checkbox"/> Other (Specify) 13 <input type="checkbox"/> Unknown					
Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		BUS USE 1 <input type="checkbox"/> Not a Bus 3 <input type="checkbox"/> Charter Bus 5 <input type="checkbox"/> Intercity Bus 7 <input type="checkbox"/> Other 2 <input type="checkbox"/> Transit Bus 4 <input checked="" type="checkbox"/> School Bus 6 <input type="checkbox"/> Not Reported				
TRUCK / BUS - 2										
DRIVER (Print or type full name)					CARRIER IDENTIFICATION 1 U.S. DOT 1 ICC MC					
CARRIER NAME (Print or type full name)					GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs.					
CARRIER ADDRESS (Street or R.F.D.) CITY, STATE, ZIP					VEHICLE CONFIGURATION (Check one)					
TRAILER LICENSE PLATE No.		Year		State		CARGO BODY TYPE (Check one)				
COMMERCE CLASSIFICATION (Check one)		TRUCK WIDTH (Widest part of truck or trailer)		DRIVER'S LICENSE CLASS CODE						
1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable		1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>		2 <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) 3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) 4 <input type="checkbox"/> Truck Tractor (bobtail) 5 <input type="checkbox"/> Truck with Trailer 6 <input type="checkbox"/> Tractor with Semi-Trailer 7 <input type="checkbox"/> Tractor with Doubles 8 <input type="checkbox"/> Tractor with Triples 9 <input type="checkbox"/> Unknown Heavy Truck 37 <input type="checkbox"/> Bus (seats 9-15, including driver) 38 <input type="checkbox"/> Bus (seats 15+, including driver) 39 <input type="checkbox"/> Haz Mat Passenger Car 40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)				
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INVESTIGATOR NAME (Print or type) Troy Aksamit		INVESTIGATOR SIGNATURE Approved by Officer Troy Aksamit			DEPARTMENT Lincoln Police Department			OFFICER NO. 1361		
								DATE OF REPORT 10/05/2015		